

**Palau Community College**  
**UPWARD BOUND MATH & SCIENCE**  
**Summer Program Application**

*P.O. Box 7093 \* Koror, Palau 96940 \* Tel. (680) 488-3965 \* Fax. (680) 488-3948*

**Application Checklist**

Please **mail this checklist with the Application Package**. Make sure all forms are completed. All signatures must be affixed for your application to be processed.

Student Name: \_\_\_\_\_

How did you hear about this opportunity? \_\_\_\_\_

**Please mail your Application to:**  
**Upward Bound Math & Science Program**  
**Palau Community College**  
**P.O. Box 7093**  
**Koror, Palau 96940**  
**Fax # (680) 488-3948**

Postmark deadline or Fax by **April 28, 2006.**

- \_\_\_\_\_ UBMS Summer Application (pages 1-4)
- \_\_\_\_\_ Official High School Transcript
- \_\_\_\_\_ Confidential Parent/Guardian Information (pages 5-6)
- \_\_\_\_\_ Income Verification Forms (**No Check Stubs**)  
(Recent Wage & Tax Statement or Other proof of Income)
- \_\_\_\_\_ Recommendation Forms (pages 7-8)
- \_\_\_\_\_ Consent Form (Parent) -page 9
- \_\_\_\_\_ Proof of Citizenship  
(Copy of Passport or Birth Certificate)

**For Office Use Only**

Postmark Date: _____	Confirmation Sent: _____
Missing <input type="checkbox"/>	Complete <input type="checkbox"/>
_____	Eligibility: ___First ___LI ___Both
_____	
Received: _____	

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**Personal Information**

**Date:** \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI

Nickname/Name you prefer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street or PO Box

\_\_\_\_\_ City State Zip

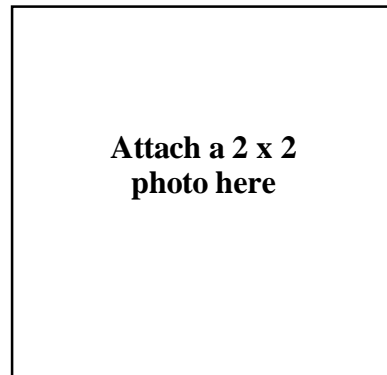
Home Telephone: ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

E-mail Address: \_\_\_\_\_



**School Information**

High School: \_\_\_\_\_ Current Grade: 10 11

School Mailing Address: \_\_\_\_\_  
Street or PO Box

\_\_\_\_\_ City State Zip

School Phone: ( ) \_\_\_\_\_

School Counselor Name & Contact Number: \_\_\_\_\_

**National Background**

\_\_\_\_\_ Yap \_\_\_\_\_ Pohnpei \_\_\_\_\_ RMI \_\_\_\_\_ CNMI \_\_\_\_\_ A. Samoa  
\_\_\_\_\_ Kosrae \_\_\_\_\_ Guam \_\_\_\_\_ Chuuk \_\_\_\_\_ Other \_\_\_\_\_ Specify

Primary Language Spoken: \_\_\_\_\_ Second: \_\_\_\_\_

Other Language(s): \_\_\_\_\_

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**Academic Information**

1. **Please attach a copy of your current transcript.** Applications will not be reviewed without transcript.
2. Current GPA: \_\_\_\_\_ Favorite Subject: \_\_\_\_\_

**Extracurricular Activities, Honors and Accomplishments**

List your high school activities and clubs. Include any offices or leadership positions held.

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What type(s) of music do you like? List any musical instruments that you play or groups in which you perform (choir, band, etc.).

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What sport(s) do you play? \_\_\_\_\_

Are you in any teams? \_\_\_\_\_

Are involved in any kind of community, church or other volunteer activities?

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What are your hobbies? \_\_\_\_\_

List any honors or achievements you have received, not mentioned above:

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**Are you currently a participant of:**

\_\_\_\_\_ Upward Bound      Since \_\_\_\_\_      Name of Institution: \_\_\_\_\_

\_\_\_\_\_ Talent Search      Since \_\_\_\_\_      Name of Institution: \_\_\_\_\_

\_\_\_\_\_ UB Math & Science      Since \_\_\_\_\_      Name of Institution: \_\_\_\_\_

\_\_\_\_\_ Other



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**Essay Questions Cont.**

3. Tell us what values/traits you admire in a friend or co-worker?

4. Where do you see yourself five years from now? Please give details.

*\*Use a separate sheet of paper if you need more space\**

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**Confidential Parent/Guardian Information**

To be completed **only** by the parent(s) or guardian(s) **with whom the student lives**. Please list only those individuals **who live in the household**. This information will be kept strictly confidential and will only be viewed by UB Math & Science Program staff to determine the student's eligibility.

Name of Father / Stepfather / Guardian (circle)

\_\_\_\_\_  
Last First MI

Home Address: \_\_\_\_\_

Street or PO Box

\_\_\_\_\_  
City State Zip

Occupation: \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

***Education (Circle highest year completed)***

Elementary	High School	College
1 2 3 4 5 6 7 8	9 10 11 12	13 14 15 16 17+

**Have you earned a Bachelor's Degree?     Yes     No**

Name of Mother / Stepmother / Guardian (circle)

\_\_\_\_\_  
Last First MI

Home Address: \_\_\_\_\_

Street or PO Box

\_\_\_\_\_  
City State Zip

Occupation: \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

***Education (Circle highest year completed)***

Elementary	High School	College
1 2 3 4 5 6 7 8	9 10 11 12	13 14 15 16 17+

**Have you earned a Bachelor's Degree?     Yes     No**

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**Confidential Parent/Guardian Information**

*How many dependent children do you have? \_\_\_\_\_*

Please give their names and ages below. Please begin with the applicant:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

If more than six, please list on separate page.

**Do you have any other individuals living in your household?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how many? \_\_\_\_\_

Do any of these individuals contribute to the household income? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If yes, please provide copy of income verification from each individual.*

**Please complete the following. Write 0 in any category that does not apply.**

*Combined parents income information*

	<b>Monthly</b>	<b>Annual</b>
Income From Employment (Before Deductions)	\$ _____	\$ _____
Welfare Benefits	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____
Disability Benefits	\$ _____	\$ _____
Veteran's Benefits	\$ _____	\$ _____
Other Income or Benefits	\$ _____	\$ _____

Please attach a copy of your **income verification** (Most recent Wage & Tax Statement or other proof of income sources). **Without income verification, the application cannot be processed.**

*Your signature certifies, to the best of your knowledge, that the information provided above is correct.*

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*





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**Parental/Guardian Consent Form**  
**For Child's**  
**Participation & Medical**

I hereby give permission for \_\_\_\_\_ to participate in Upward Bound Math & Science Summer Program, which will include all related field trips and activities to be held on and off the Palau Community College Campus commencing on June 05, through July 14, 2006. I understand that Palau Community College, the Palau Community College Board of Trustees, the U.S. Department of Education, and the employees of Upward Bound Math & Science will not be held liable for accidents, injuries, or any other liability that may arise through a program function. In the case of injury, I grant permission for \_\_\_\_\_ to receive any medical attention deemed necessary, by qualified medical personnel, during the entire time he/she (listed within) is enrolled in PCC's Upward Bound Math & Science Summer Program.

***PARENT: Every reasonable precaution will be taken to provide for the safety and care of your son/daughter. Every effort will be made to notify you in the event of an accident or injury which may require emergency care. If you can not be contacted, permission is granted to the Director of the Program or the other UBMS staff, to seek medical attention. You hereby assume financial responsibility for the hospitalization and medical care provider.***

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Work Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Mobile Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_